

I was always taken with Captain Peters' style of leadership; his philosophy seemed to be: "Shut up and do it." He led by example. He became involved, and stayed involved, in all the things that affected Naval Station Ingleside's mission or the sailors there.

Captain Peters' most significant accomplishment at NSI was the leadership he showed in effort and innovation, an accomplishment that won a presidential tribute for NSI. NSI was recognized with the annual Commander in Chief's Installation Excellence Award in 1997. The base was chosen from among 135 installations world-wide, and was selected from among 11 semi-finalists.

It was innovation in the following areas that attracted the award: leadership, retention of personnel, equal employment opportunity, community relations, energy conservation, pollution prevention, food service excellence and recreational activities.

Captain Peters' service and leadership was pivotal in the development of NSI. In 1992, NSI began with 500 sailors. By the end of 1996, just prior to this award, it had over 4,000 personnel, making it one of the Navy's fastest growing military facilities. Continuing that trend, by next year, NSI will have around 5,000 military and civilian employees at the base.

In 1995, Captain Peters streamlined the base's administrative staff from nine department to five departments. The move made operations more efficient and responsive to the needs of the sailors. Military organizations tend to note efficient models of success, and NSI's administrative operations were rapidly adopted Navy-wide for emulation at similar-sized installations.

Mr. Speaker, I ask my colleagues to join me today in paying tribute to a lifetime of service by Captain Donald E. Peters, a real American patriot and hero.

TRIBUTE TO WINSTON WILSON

HON. CHARLES W. STENHOLM

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 20, 1999

Mr. STENHOLM. Mr. Speaker, this week the Nation, and particularly the agricultural industry, lost one of its most important assets, Winston Wilson. Winston made a difference for his family, his community, his industry and for this country.

I got to know Winston before either one of us moved to Washington. Following his service as Deputy Undersecretary of Agriculture in the Carter Administration, Winston came to my Congressional office as Administrative Assistant. His time in my office was brief—just about a year from December 1980 to November 1981—but that was plenty of time for Winston and his wife Mickie, and daughters Michelle and Missy, to endear themselves to us and to become a permanent part of our office family.

In an era where the voices of agriculture are becoming fewer and fainter, Winston stood out as one of the most effective spokespersons for the wheat farmers from whom he came. His Daddy trained him well in the fields at Quanah, giving him the kind of Texas common sense that few possess at the national level. Winston never forgot his roots, even though he traveled the world over in promotion of U.S. Agriculture.

When Winston left my office, he continued his advocacy of the industry at U.S. Wheat Associates, where he served as President until 1997. He also was Chairman of the U.S. Agricultural Export Development Council, founding member of the U.S. Grain Quality Workshop, a former President of the National Association of Wheat Growers, and a member of the U.S. Agriculture Department's Trade Advisory Committee.

More than anything, Winston committed his life to the advocacy of American wheat. He spent a great portion of his life working hard to develop overseas markets for U.S. farmers, and he developed strategies and programs to build export demand for U.S. wheat. U.S. Wheat Associates, with whom Winston had such a long relationship, is a worldwide organization supported by wheat producers in Texas and 17 other states along with USDA's Foreign Agricultural Service. Under Winston's leadership, the organization has been successful in establishing and servicing markets for up to 60 percent of the wheat produced in the U.S. and up to 80 percent of the wheat produced in Texas. The farm economy is struggling at the present time but without Winston's efforts, our struggles would be far greater.

Winston is survived by a lovely wife and daughters, who we will continue to hold in our prayers as they deal with this great loss. They and all of Winston's friends, not to be mentioning the entire wheat industry, are enormously proud of what Winston accomplished in his life. We have many fond—and often times amusing—memories of our time with Winston and we will always treasure those thoughts.

For those of us who are left behind, even the longest life of a loved one seems too short. So, in instances such as this untimely death, it is impossible not to feel cheated out of many years which we had hoped to share. We feel a great loss this week but we also celebrate the life Winston Wilson lived. He will remain in our hearts, thoughts and prayers.

CONCERN OVER SAFETY

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 20, 1999

Mr. STARK. Mr. Speaker, I rise today to express my grave concern over the safety of medical devices and the effectiveness of government agencies directed to protect the public from unsafe products. We have all read stories in the newspapers about drugs that have been recalled because they were rushed to market without adequate testing. Many critics of our current policies argue that we have put the profit motive ahead of the health and well being of patients. I agree and have yet another example that the system may have failed to protect the health of patients.

Ethicon is a subsidiary of Johnson & Johnson and makes surgical equipment. It is the nation's largest manufacturer of sutures used for deep tissue surgeries. In 1994, Ethicon recalled over 3.5 million boxes of its Vicryl sutures because the sutures may have been contaminated during the manufacturing process. What I find especially disturbing about this episode is how the company and FDA responded to the problem.

Early in 1994, Ethicon began to use a new sterilization process for its sutures. Shortly thereafter, the company discovered that several batches were contaminated. The company decided to resterilize these sutures and then distribute them on the market. This practice continued for several months. Eventually, Ethicon stopped using the new procedure and switched to other sterilization techniques. During this time, Ethicon officials never contacted FDA to report the problem it was having with the sterilizer. Indeed, the FDA did not discover the problem until it conducted one of its routine inspections. These routine inspections occur once every two to three years.

The FDA did send a Warning Letter to Ethicon citing significant deviations from Good Manufacturing Practices. By September, Ethicon decided to recall the sutures it had produced. In other words, many months passed between the initial problems with the sterilization procedure and eventual recall. I can only speculate what would have happened, or not happened, if the FDA had not caught the problems with the sterilizer.

The next sequence of events is what I really find troubling. Ethicon issued its recall according to FDA regulations. However, the letter of the law requires only that Ethicon contact distributors and hospitals, not the surgeons who use the sutures. This means that surgeons across the nation were performing operations and using sutures that were subject to a national recall. While Ethicon followed the letter of the law, I would think that a corporation dedicated to the health of patients would have taken a more aggressive stance to ensure that its sutures would be removed from supply rooms and surgical kits.

According to FDA documents only 2% of the suspect sutures were recovered in the recall. Somehow, leaving 98% of the suspect sutures on the market and unaccounted for seemed to be acceptable to the FDA. They considered the recall completed and closed in June of 1995.

Since 1994, over 100 cases of severe postoperative infections have occurred in patients who claim that the infection was due to contaminated sutures. Lance Williams of the San Francisco Examiner has written a series of articles (2/21/1999 & 2/22/1999) describing the pain and suffering that these people experienced. Ethicon has settled many of these cases out of court with exceptionally strong confidentiality requirements. Because the records are sealed, we cannot determine the potential threat to public health by examining the details of the cases.

We may never know with certainty whether the sutures were contaminated and lead to the postoperative infections. According to a letter from the FDA, "Since typically, 20 units are tested per batch, the finding of ten units were positive results is not conclusive. It is difficult to conclude whether these results mean that the sutures were contaminated or that contamination occurred during the testing."

Even more amazing is the fact that Ethicon destroyed all the sutures recovered in the recall. Therefore, we cannot know if the recalled sutures were contaminated or sterile.

Our constituents depend upon sound federal regulation to protect them from harm. Few of us have the technical expertise to determine which drugs are safe to treat what ails us or the ability to know how we may be infected by contaminated surgical devices. Rather, we